

One option will be the cultivation of a wider array of circumstances under which competent patients are allowed to refuse nutrition and hydration in order to end their lives. The refusal of nutrition and hydration appears to encounter no legal or moral problems in many countries, despite the fact that there is no clear distinction between starving oneself to death and suicide or between a physician's starving a patient to death at the patient's request and physician-assisted suicide. The other option that is certain to come into increased favour is a dramatically improved style of palliative care. There is already a consensus that better end-of-life care, including palliative care, is needed, and we can expect to see more resources and training in support of this commendable goal.

No one of these three different options: (1) provision of fatal means to death, (2) planned forgoing of nutrition and hydration, and (3) improved palliative care will necessarily be best for each patient. The presentation of these options is also consistent with the larger argument I have presented, which is that these issues of euthanasia, physician-assisted suicide, and aid-in-dying are primarily about increased liberty, not about killing and letting die.

*Tom L Beauchamp is Professor of Philosophy at the Kennedy Institute of Ethics, Georgetown University, Washington DC, USA.*

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## News and notes

### Fifth World Congress of Bioethics

The International Association of Bioethics has announced that the Fifth World Congress of Bioethics will take place at Imperial College, London from 21-24 September 2000.

Associated organisations are: The British Association for the Advancement of Science; the British Medical Association; the European Association of Centres of Medical Ethics; the Institute of Medical Ethics; the Millennial Festival of Medicine; the Nuffield Council on Bioethics; the Royal College of Nursing; the Royal

College of Psychiatrists, Philosophy Special Interest Group; the Society for Applied Philosophy; the UK Forum for Healthcare Ethics and Law, and the World Health Organisation.

For further information please contact: Sara Hassen, 5th World Congress of Bioethics, 1 Riverside, St Anne's Road, Bristol, BS4 4ED or email: [enquiries@inanyevent-uk.com](mailto:enquiries@inanyevent-uk.com) or use the Congress Website at <http://www.uclan.ac.uk/facs/ethics/fifthcon.htm>

need artificial ventilation and those who do not), anencephalic infants, and those who meet the whole brain criterion of "death" though biological life can be maintained.

I do not claim that these patients are dead, nor do I claim that they have no moral standing. What I do claim is that patients in these groups have the same moral standing and that there are constraints on the permissible treatment of these individuals. They have biological life and they are in the health care context. There are clear guidelines concerning treatment options in this context.

*Josie Fisher BA, DipHum, PhD(NE), is Lecturer in Business Ethics, Department of Marketing and Management, University of New England, New South Wales, Australia.*

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## News and notes

### Project on Death in America

The Project on Death in America, funded by the Open Society Institute, a non-profit foundation that supports the development of open societies worldwide, invites health care professionals to submit applications to its Faculty Scholars Program. This program supports scholars who are committed to improving the care of the dying through initiatives in research, scholarship, education and policy.

Applications are requested from all relevant US health care professionals (physicians, nurses, social

workers, lawyers, those providing pastoral care or ethicists) who are doctorate-level faculty members from accredited health professional educational institutions in the United States and hold the rank of Instructor, Assistant or Associate Professor.

The application deadline is January 6, 2000.

For applications or more information please call; (617) 632-6190 or e-mail [jerry\\_garcia@dfci.harvard.edu](mailto:jerry_garcia@dfci.harvard.edu)

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## News and notes

### European Master in Bioethics

A new master's programme in bioethics, European Master in Bioethics, has been developed and is now being offered by four European universities: the University of Nijmegen, the Netherlands, the Catholic University of Leuven, Belgium, Complutense University, Madrid, Spain and the University of Padova, Italy.

It is a two-year programme with sixteen one-week courses on all issues currently relevant to bioethics.

The courses will be held in Nijmegen in March 2000,

in Madrid in September 2000, in Leuven, in March 2001 and in Padova in September 2001.

The programme fee is 15,000 Euro. This includes tuition fees for two years, course material, congress facilities, excursions and four months full board accommodation during the residential months.

For more information contact one of the co-ordinators:

Inez Uerz - Nijmegen - + 31 (0) 24 361 53 20 - [i.uerz@efg.kun.nl](mailto:i.uerz@efg.kun.nl); Chris Gastmans - Leuven - + 32 (0) 16 33 69 51 - [Chris.Gastmans@med.kuleuven.ac.be](mailto:Chris.Gastmans@med.kuleuven.ac.be)

University and to the fourth annual conference of the Australian Association for Professional and Applied Ethics. The author is grateful for the helpful comments made by both audiences and for the improvements suggested by the journal's reviewers.

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## News and notes

### Journal's editors honoured

The founding editor of the *Journal of Medical Ethics*, Professor Alastair Campbell, Professor of Ethics in Medicine at Bristol University and the current editor, Professor Raanan Gillon, Professor of Medical Ethics at Imperial College School of

Medicine, London University, have been awarded the Henry Knowles Beecher Award of the Hastings Center, for contributions to ethics and the life sciences.

They are the first recipients outside the USA.

Three cases of experienced misconduct are reported but in contrast to postgraduate students, established researchers did not call for more research ethical guidelines.

This investigation should be followed by both qualitative and quantitative studies using larger samples. One purpose of this study was to identify outer limits for what should be classified as a grey zone. In future studies one could designate the grey zone in advance.

Niels Lynöe, MD, PhD, is Associate Professor in the Department of Social Medicine, Umeå University, Sweden. Lars Jacobsson, MD, PhD, is Professor in the Department of Psychiatry, Umeå University, Sweden. Erik Lundgren, MD, PhD, is Professor in the Department of Cell and Molecular Biology, Umeå University, Sweden. Correspondence to Niels Lynöe.

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## News and notes

### Ethics and Palliative Care

An Advanced European Bioethics Course, Ethics and Palliative Care, will be held from 6 - 8 April 2000, in Nijmegen, the Netherlands.

Subjects will include: Evolution of palliative care; Ethics and pain management and the Limits of palliative care. The conference will be held in English.

For further information please contact: Dr B Gordijn, University of Nijmegen, Dept 232 Ethics, Philosophy

and History of Medicine, PO Box 9101, 6500 HB Nijmegen, the Netherlands. Tel: 0031 24 3615320; fax: 0031 24 3540254; email: b.gordijn@efg.kun.nl.

To visit the website go to: <http://www.azn.nl/scientist/departments/departments.html> and choose: *Ethics, Philosophy and History of Medicine* from the list of non-clinical departments.

cumstances may be associated with increased risks of prematurity and handicap.

The desire to bear a child may be just as strong, or even stronger, in a woman with chronic ill health or reduced life-expectancy than in healthy women. This is seen in the readiness with which women who are HIV-positive or have multiple sclerosis deliberately conceive even though they know that pregnancy may accelerate their disease. The desire to achieve the normality of pregnancy and motherhood, if only for a short while, can be overwhelming and must be recognised and treated sympathetically by physicians working in this field. As this case has shown, a carefully controlled IVF cycle can offer the chance of pregnancy to the renal transplant patient and ensure that the benefits of one major medical advance are not jeopardised by the pursuit of another. Even without the benefit of hindsight, I feel we would not have been justified in withholding that chance.

*Gillian M Lockwood, BM, BCh, MA, is Clinical Research Fellow in Fertility at the Nuffield Depart-*

*ment of Obstetrics and Gynaecology, Radcliffe Hospital, Oxford.*

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## News and notes

### *Journal of Medical Ethics* - <http://www.jmedethics.com>

Visitors to the world wide web can now access the *Journal of Medical Ethics* either through the BMJ Publishing Group's home page (<http://www.bmjpg.com>) or directly by using its individual URL (<http://www.jmedethics.com>). There they will find the following:

- Current contents list for the journal
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The web site is at a preliminary stage and there are plans to develop it into a more sophisticated site. Suggestions from visitors about features they would like to see are welcomed. They can be left via the opening page of the BMJ Publishing Group site or, alternatively, via the journal page, through "about this site".

# Thank you to the journal's assessors

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conflicts of interest between the general practitioner's (GP) role as an allocator of scarce resources and as the patient's agent. Indeed, the article declares that "the partnership may not always be able to pursue the best interests of every patient in every circumstance". That this should be regarded as the partnership's responsibility is a direct consequence of fundholding; that it is the responsibility of someone or some Institution in society is inevitable. It is whether the GP can ethically make these choices that I question, and the question is not answered convincingly in the article.

This book is truly an example of talk and action in the delivery of health care. As such it provides a good lead into the current thinking of those involved in health services, and can be

thoroughly recommended. What it does not do - but perhaps that was not its purpose - is to provide a satisfactory and systematic account of rationing as it relates to ethical theory. Perhaps the subject is too difficult. I believe Isaiah Berlin pointed the way by insisting that the values which we hold in society are truly incommensurable. There was a hint of this in Rudolf Klein's piece, where he argues against the establishment of a defined package of health care to be delivered by the NHS citing that "no consensus exists about the principles or criteria that should be used in designing such a package".

RON ZIMMERN

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# Index by subject matter (thematic review)

## Journal of Medical Ethics, volume 25, 1999

### Editor's note

This combined index and thematic review was introduced in the hope that it would be more useful to readers than the old system. In the first part, papers, book reviews and letters are classified using the American National Reference Centre for Bioethics Literature Library Classification Scheme (the Kennedy system), which is printed on page 569. In the second part authors, reviewers, letter writers, papers, book reviews and letters are arranged alphabetically, with their Kennedy classification following.

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